

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/049311**

APPLICANT(S)

FILING DATE

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | |
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| TOTAL IND. | 3 | | | |
| TOTAL DEP. | 4 | | | |
| TOTAL CLAIMS | 7 | | | |

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| IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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